



Virginia Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001

US531E (Rev. 02/03)

APPLICATION FOR EXTRANET TRANSACTION ACCESS

INSTRUCTIONS:

1. Use an ink pen or typewriter to complete application.
2. Complete all applicable sections of the application. Be as specific as possible. If additional room is needed, attach additional pages. Please write **N/A** beside any section(s) or question(s) that do not apply to you.
3. Have an **authorized agent** or **representative** of the applicant user sign and date application.
4. Mail completed applications, all supporting documents and a \$25 application fee to the address below.

(Government Agencies are not required to pay a \$25 application fee.)

User Services
Virginia Department of Motor Vehicles
P.O. Box 27412
Richmond, Virginia 23269-0001

NOTE: UNSIGNED OR INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND MAY BE RETURNED TO APPLICANT.

**APPLICATIONS WITH FALSE, MISLEADING, OTHERWISE
DECEPTIVE INFORMATION WILL NOT BE PROCESSED AND MAY
BE GROUNDS FOR CRIMINAL PROSECUTION UNDER STATE AND
FEDERAL LAW.**

SPECIAL APPLICATION NOTES AND PROVISIONS

- ◆ THIS APPLICATION IS SUBJECT TO CHANGE BASED ON CHANGES IN STATE OR FEDERAL LAWS, RULES, AND REGULATIONS GOVERNING ACCESS AND USE OF THE REQUESTED INFORMATION.
- ◆ BY SUBMITTING THIS APPLICATION, THE APPLICANT USER AGREES TO ABIDE BY ALL RULES, LAWS, AND REGULATIONS GOVERNING ACCESS TO DMV RECORDS AND THE INFORMATION THEY CONTAIN, INCLUDING SECTIONS 18.2-152.1 THROUGH 18.2-152.14 OF THE CODE OF VIRGINIA AND THE FEDERAL FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508.
- ◆ VIOLATION OF THE STATE LAWS CONCERNING USE OF DMV INFORMATION AND FILES IS PUNISHABLE UNDER STATE LAW AS A MISDEMEANOR; VIOLATIONS OF FEDERAL PUBLIC LAW 91-508 AND THE PROVISIONS THEREIN ARE PUNISHABLE BY UP TO \$5,000 FINE OR ONE YEAR IMPRISONMENT OR BOTH.
- ◆ WHEN APPROVED, USERS ARE SUBJECT TO REASONABLE INSPECTION AND/OR AUDIT BY THE DEPARTMENT TO ENSURE COMPLIANCE WITH THE TERMS AND PROVISIONS CONTAINED IN THE INFORMATION USE AGREEMENT.

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The information below is required by the State Comptroller for debt set-off collection purposes in accordance with Code of Virginia §§2.1-196.1, 2.1-731, and 2.1-734 et al.

Please print or type

PART 1: USER INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)		
Name	Type of Business	
Social Security or Federal Identification Number	Dealer Number is Required for Processing:	
Address (<i>Street or P.O. Box</i>)		
City, State, Zip Code		
Telephone Number ()	FAX Number ()	Request Date

PART 2: TYPE OF TRANSACTIONS TO PROCESS (ALL APPLICANTS MUST COMPLETE THIS SECTION)
<p><i>Please check the appropriate block to indicate the type of DMV transactions you wish to process:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Process Financial Responsibility Insurance Certification Filings (Complete Part 3 Below). <input type="checkbox"/> Process Driver Improvement Clinic Roster Submissions. <input type="checkbox"/> Request Mechanic & Storage Lien Transcripts. <input type="checkbox"/> Request Driver Transcripts. <input type="checkbox"/> Request Vehicle Transcripts. <input type="checkbox"/> Renew Dealer Certificate, Salesperson License and Dealer License Plates. <input type="checkbox"/> Review lessee information and update the lessee database with lessee information on a new lease, termination of lease, or a change of address to include a change of garage jurisdiction. <input type="checkbox"/> Insurance Acknowledgment. <input type="checkbox"/> Insurance Filings for Motor Carriers (Complete Part 3 Below). <input type="checkbox"/> Local Vehicle Registration (LVR). <p>Are you under contract with another jurisdiction to administer local vehicle registration? Yes No (<i>circle one</i>).</p> <p>If yes, please list all applicable jurisdictions.</p>

PART 3: INSURANCE COMPANY INFORMATION (INSURANCE COMPANIES ONLY)
<p><i>(To be completed only when requesting to process Financial Responsibility Insurance Certification Filings and Insurance filing for Motor Carriers.)</i></p> <p>Provide the names of any insurance company(ies) and their NAIC you will be filing for:</p>

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PART 4: USER INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

Please provide a list of names for all employees who will be authorized to use the requested access to update DMV records.

NOTE: ACCESS FOR SUBMITTING DRIVER IMPROVEMENT CLINIC ROSTERS IS LIMITED TO 2 USERS.

User Name (First, Middle Initial, Last)	Mother's Maiden Name

PART 5: SECURITY INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

ALL ORGANIZATIONS WITH EXTRANET TRANSACTION ACCESS MUST DESIGNATE A SECURITY OFFICER WHO IS RESPONSIBLE FOR ADMINISTERING USER LOGON IDS. PROVIDE THE FOLLOWING INFORMATION ON YOUR DESIGNATED SECURITY OFFICER

Name:

Phone Number:

FAX Number:

Signature:

PART 6: CERTIFICATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

I, the undersigned, hereby certify that: 1) all information contained herein is true; 2) I am a duly authorized agent of the above applicant user; and 3) I am authorized to make application to DMV for extranet transaction access for the purpose stated in this application.

User/Company Name (<i>print or type</i>)	Request Date
User/Company Representative's Name (<i>print or type</i>)	User/Company Representative's Address (<i>If different than Part I</i>)
User/Company Representative's Title (<i>print or type</i>)	
User/Company Representative's Signature	
User/Company Representative's Telephone Number ()	

DMV USE ONLY

APPLICATION:

Approved

Denied

Signature/Title/Date

If approved, list date Use Agreement mailed:

If denied, give reason(s)